

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Computer Readable Form (CRF)?:: No
Title:: METHOD AND SYSTEM FOR DISPLAYING
REGIONS OF PATHOLOGICAL INTEREST
Attorney Docket Number:: 066243-0248 (141451)
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 4
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark M.
Family Name:: Morita
City of Residence:: Arlington Heights

State or Province of Residence:: Illinois
Country of Residence:: US
Street of mailing address:: 1009 W. Oakton St.
City of mailing address:: Arlington Heights
State or Province of mailing address:: IL
Postal or Zip Code of mailing address:: 60004

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Steven L.
Family Name:: Fors
City of Residence:: Chicago
State or Province of Residence:: Illinois
Country of Residence:: US
Street of mailing address:: 124 W. Polk #802
City of mailing address:: Chicago,
State or Province of mailing address:: IL
Postal or Zip Code of mailing address:: 60605

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Khal A.
Family Name:: Rai

City of Residence:: Round Lake
State or Province of Residence:: Illinois
Country of Residence:: US
Street of mailing address:: 9N Durham Lane
City of mailing address:: Round Lake
State or Province of mailing address:: IL
Postal or Zip Code of mailing address:: 60073

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Carson H.
Family Name:: Thomas
City of Residence:: Brookfield
State or Province of Residence:: Wisconsin
Country of Residence:: US
Street of mailing address:: 19430 Edmonton Drive
City of mailing address:: Brookfield
State or Province of mailing address:: WI
Postal or Zip Code of mailing address:: 53045

Correspondence Information**Correspondence Customer Number::** 33679**E-Mail address::** PTOMailMilwaukee@Foley.com**Representative Information**

Representative Customer Number::	33679	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information**Assignee name::** GE Medical Systems Information Technologies, Inc.